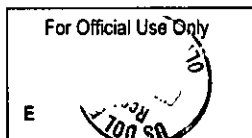


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 125520	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOSEPH RAPINE JR. P.O. Box, Bldg., Room No., if any Street 12273 Townsend Road City Philadelphia State Pennsylvania ZIP Code + 4 19154-1204	4. Name, file number, and address of labor organization. Name INT'L Union of Elevator Constrs. Lu Un. No. 5 Labor Organization File Number 015-670 P.O. Box, Building and Room Number, if any Street 12273 Townsend Road City Philadelphia State Pennsylvania ZIP Code + 4 19154-1204
5. Position in labor organization. BUSINESS REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph B. Rapine Jr.</u>	On <u>8-15-05</u> Date	<u>215-676-2555</u> Telephone Number

Name of Person Filing JOSEPH RAPINE JR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Lazard Freres Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 30 Rockefeller Plaza City New York State New York ZIP Code + 4 10020	9. Business deals with: <div style="margin-left: 40px;"> a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Elevator Industry Pension Plan Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 19 Campus Blvd., Ste. 200 City Newtown Square State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. Pension fund investment manager 11.b. Approximate dollar value of such dealing. \$583,644 12.a. Nature of interest held or income received. Building & Construction Trade Legislative Conference dinner on 3/28/2004. \$117 12.b. Amount. \$117

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JOSEPH RAPINE JR.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Markowitz & Richman

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1100 N. American Building

Street 121 S. Broad St.

City Philadelphia

State Pennsylvania

ZIP Code + 4 19107

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

See attached.

11.b. Approximate dollar value of such dealing.

\$90,000

12.a. Nature of interest held or income received.

Christmas gift of liquor.

12.b. Amount.

\$50

Name of Person Filing JOSEPH RAPINE JR.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing JOSEPH RAPINE JR.

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing JOSEPH RAPINE JR.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

LM-30 Attachment

Name: Joseph Rapine, Jr.

Ending date of report period: 12/31/04

LM-30 File Number: To be assigned

LM-30 Item

Number

- 8 The following businesses reported in B8,
9 Markowitz & Richman,

11b

provided services to the labor organization and also provided services to other entities, including trusts in which the labor organization is interested. The DOL software for preparing Form LM-30 does not permit, in part B item 9, selecting more than one answer. Accordingly, the amounts reported in 11b relate only to the services provided to the labor organization and do not include amounts related to dealing with trusts or employers.

11a

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.